

NEW APPLICATION FOR A STATE LICENSE TO OPERATE A FAMILY DAY HOME

THIS APPLICATION SHALL BE SIGNED BY THE INDIVIDUAL RESPONSIBLE FOR OPERATION OF THE FAMILY DAY HOME. IT SHOULD BE FILED TWO MONTHS IN ADVANCE OF THE PLANNED OPENING DATE. THE LICENSING STUDY WILL BEGIN WHEN A COMPLETED APPLICATION IS RECEIVED.

APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE A FAMILY DAY HOME PURSUANT TO SECTION 63.2-100, *CODE OF VIRGINIA*.

NAME OF APPLICANT _____

ADDRESS _____
STREET OR ROUTE NO. CITY STATE ZIP

THE HOME IS LOCATED IN THE COUNTY OR CITY OF _____

IN MAKING THIS APPLICATION, I STATE THAT:

1. I AM IN RECEIPT OF AND HAVE READ A COPY OF THE MINIMUM STANDARDS FOR LICENSED FAMILY DAY HOMES.
2. I CERTIFY THAT IT IS MY INTENT TO COMPLY WITH THE AFOREMENTIONED MINIMUM STANDARDS AND APPLICABLE STATUTES AND TO REMAIN IN COMPLIANCE WITH THEM IF I AM SO LICENSED.
3. I GRANT PERMISSION TO THE DEPARTMENT OF SOCIAL SERVICES AND/OR ITS AUTHORIZED AGENTS TO MAKE ALL NECESSARY INVESTIGATION OF THE CIRCUMSTANCES SURROUNDING THIS APPLICATION AND ANY STATEMENT MADE HEREIN, INCLUDING FINANCIAL STATUS, INSPECTION OF THE FACILITY AND REVIEW OF RECORDS. I UNDERSTAND THAT, FOLLOWING LICENSURE, AUTHORIZED AGENTS OF THE DEPARTMENT WILL MAKE ANNOUNCED AND UNANNOUNCED VISITS TO THE FACILITY TO DETERMINE ITS COMPLIANCE WITH STANDARDS AND TO INVESTIGATE COMPLAINTS RECEIVED.
4. I UNDERSTAND THAT THE DEPARTMENT OF SOCIAL SERVICES SHALL REQUEST, AS NEEDED, REPORTS FROM THE LOCAL HEALTH DEPARTMENT, STATE FIRE MARSHAL AND LOCAL FIRE DEPARTMENT.
5. I UNDERSTAND THAT AN APPLICATION FOR A LICENSE IS SUBJECT TO EITHER ISSUANCE OR DENIAL. IN THE EVENT OF DENIAL, IT IS UNDERSTOOD THAT I HAVE THE RIGHT TO REQUEST AN ADMINISTRATIVE HEARING, WHICH IS EXPLAINED IN THE GENERAL PROCEDURES REGULATION.
6. I AM AWARE THAT IT IS A MISDEMEANOR FOR ANY PERSON TO OPERATE A CHILD DAY PROGRAM DEFINED IN SECTION 63.2 - 100, *CODE OF VIRGINIA*, WITHOUT A LICENSE.
7. I CERTIFY THAT I AM THE PRIMARY CHILD PROVIDER AND THAT THE CHILD CARE TO BE PROVIDED IS LOCATED IN EITHER MY RESIDENCE OR THE RESIDENCE OF ONE OF THE CHILDREN IN CARE.
8. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION I HAVE GIVEN TO THE DEPARTMENT OF SOCIAL SERVICES AND/OR ITS AUTHORIZED AGENTS ON THE ATTACHED FORMS AND DURING ANY PREAPPLICATION CONFERENCE IS TRUE AND CORRECT. I WILL SUPPLY TRUE AND CORRECT INFORMATION REQUESTED DURING ALL SUBSEQUENT INVESTIGATIONS.

(SIGNATURE OF APPLICANT)

(MAILING ADDRESS, IF DIFFERENT FROM HOME ADDRESS)

(DATE)

(CITY, STATE, ZIP)

(BUSINESS PHONE)

(RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORD)

RETURN ORIGINAL TO:

**REQUIRED INFORMATION TO BE SUBMITTED WITH A NEW APPLICATION FOR LICENSE
TO OPERATE A FAMILY DAY HOME**

(attach additional sheets as needed)

I. IDENTIFYING DATA		
A. Name of Applicant to Whom License to be issued (First, Middle/Birth Name, Last)		B. Birth Date of Applicant
C. Street Address		D. City, State, Zip Code
E. Mailing Address (if different from street address)		F. City, State, Zip Code
G. Area Code/Telephone Number	H. Is the Telephone in Your Home? _____ YES _____ NO	I. Is the Telephone Number Listed? _____ YES _____ NO
J. Directions (Give specific directions for reaching your home from a central point of the nearest or main highway)		

II. ADMINISTRATION

A. REQUESTED LICENSED CAPACITY: Number of children for which you wish to be licensed _____ Age range: From _____ Through _____	B. CURRENT CAPACITY: Number of children receiving care in your home now _____ Age Range: From _____ Through _____
C. Have you had any previous experience in caring for children? _____ YES _____ NO	D. Name of Assistant(s), if any:
E. Name of Substitute Provider(s), if any:	
F. State below the source of your income or other type of financial resources available to you: (<i>Code of Virginia</i> , Section 63.2-1702)	
G. Days and Hours of Normal Operation:	

III. INFORMATION ABOUT THE HOME		
A. Number of Rooms used for child care activities: _____	B. Number of Toilets Inside home: _____	C. Number of Outside Toilets: _____
D. Source of Water Supply: _____ Public _____ Private Owned by: _____		E. Is there a septic tank? ____ YES ____ NO

IV. INFORMATION ABOUT OCCUPANTS OF THE HOME

A. Family Members Living in your home:

Full Name	Birth Date	Relationship to you
		Provider/self

B. List Everyone Else Living in Your Home:

Full Name	Birth Date	Relationship to You	If placed by an agency give specific name of agency:

V. REFERENCES

A. List the names, full addresses, and telephone numbers of three Persons not related to you by blood or marriage who know of your character and reputation.

First name, middle initial, last name	Full mailing address, including City, State, and Zip Code:	Day time telephone number:

B. Name and address of any agency that may have placed children in your home in the past five years.

VI. REQUIRED ATTACHMENTS

BEFORE THE APPLICATION IS CONSIDERED COMPLETE AND A LICENSING STUDY INITIATED, THE FOLLOWING INFORMATION MUST BE SUBMITTED TO THE LICENSING OFFICE. IF THE INFORMATION REQUIRED IS NOT SUBMITTED WITH THE APPLICATION, IT MUST BE RECEIVED WITHIN 60 DAYS IN ORDER FOR THE APPLICATION TO BE PROCESSED.

<p>A. A complete list of indoor and outdoor developmentally appropriate play equipment, materials, toys, and supplies available to children.</p> <p>___ Attached ___ Not Attached</p>	<p>B. A copy of the Criminal Record Clearance for the applicant/provider, assistant and/or substitute provider(s) and all adult household members 18 years and older, secured from State Police within the last 90 days.</p> <p>___ Attached ___ Not Attached</p>	<p>C. A copy of the Sworn Disclosure Statement for the applicant/ provider, assistant and/or substitute provider(s) and all adult household members 18 years and older.</p> <p>___ Attached ___ Not Attached</p>
<p>D. A copy of the Child Protective Services Central Registry Clearance on the applicant/provider, assistant and/or substitute provider(s) and all household members 14 years of age and older.</p> <p>___ Attached ___ Not Attached</p>	<p>E. A copy of the Tuberculosis Screening for applicant/provider, assistant and/or substitute provider(s) and all adult household members.</p> <p>___ Attached ___ Not attached</p>	<p>F. A check or money order in the amount of \$14.00 made payable to the Treasurer of Virginia.</p> <p>___ Attached ___ Not Attached</p>

VII. OPTIONAL ATTACHMENTS

The following attachments are not required. However, providing these attachments will assist in expediting the processing of the application. It will enable the licensing specialist to review these documents along with the application rather than during a future on-site visit.

1. Describe provision(s) for communicating with parents. Submit copies of written information to be shared with parents. The Information and Agreement Form provided by the Department of Social Services may be used.
2. Include samples of all forms developed, such as an application form, agreement form, etc., if different from the model forms provided by the Department of Social Services.